



ABSENTEE BALLOT REQUEST INFORMATION

Supervisor of Elections · Leon County

Absentee ballot request information is confidential and exempt from the provisions of section 119.07(1), Florida Statutes, and shall be made available to or reproduced only for the voter requesting the ballot, a canvassing board, an election official, a political party or official thereof, a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees, or registered committees of continuous existence, for political purposes only (F.S. 101.62(3)).

Please check the applicable authorization and complete this form:

☐ Canvassing Board

☐ Political Committee

☐ Election Official

☐ Committee of Continuous Existence

☐ Political Party or official thereof

☐ Candidate who has filed qualification papers and is opposed in an upcoming election

(all information below required)

Name _____ Title/Officer _____

Address _____ Phone _____

City/State/Zip _____ Email _____

You may select to access Absentee Ballot voter information via secure login posted daily on the Supervisor of Elections website without charge or pay for printed labels which are available for daily pick up in the Supervisor of Elections Office after 12:00 p.m. You will be notified when the Absentee Ballot voter information becomes available for access for each election. If you select printed labels, you will be required to provide a \$100.00 deposit. The cost is \$.25 per sheet of 20 labels and any leftover funds from the deposit will be returned after the election or held for application to the next election in the cycle, if applicable. **You will be required to pay for all labels printed until such time as you, the requester, notify the Supervisor of Elections Office, *in writing*, that you no longer wish labels to be printed.**

☐ PRINTED LABELS – INITIAL DROP

☐ USER SITE – INITIAL DROP

☐ PRINTED LABELS – DAILY

☐ USER SITE – DAILY

I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire this information.

X _____ Date _____
SIGNATURE OF PERSON REQUESTING INFORMATION

☐ I also designate the following person acting on my behalf to use and receive my username and password:

Name _____ Title/Officer _____

Address _____ Phone _____

City/State/Zip _____ Email _____

FOR OFFICE USE ONLY

Receipt Number _____

Amount Paid _____

Username _____

Password _____

Date notified _____

Candidate Name: _____

Labels/Data requested for: (check all that apply)

DISTRICT:

☐ **All County** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **Congressional District** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **State Senate District** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **State Representative District 7** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **State Representative District 8** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **State Representative District 9** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **County Commission, District 2** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **County Commission, District 4** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **County Commission, At Large, Group 1** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **School Board, District 2** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **School Board, District 4** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **City Commission** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **Capital Region CDD** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties

☐ **Piney-Z CDD** ☐ All Parties ☐ Democrats ☐ Republicans ☐ Minor Parties